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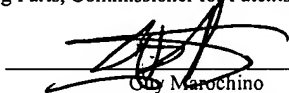
In re the application of: Leder, et al.	Examiner: To be assigned
Serial No: 10/613,762	Art Unit: 1742
Filed: July 3, 2003	Attorney Docket No. HMV-060.01
For: <i>Compounds Regulating Cell Proliferation and Differentiation</i>	



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G. Marochino


RESPONSE TO NOTICE TO FILE MISSING PARTS

Dear Sir:

In response to the Notice to File Missing Parts, enclosed is a copy of the Notice; Declarations executed by the inventors; a Request for a One Month Extension of Time; and a check for \$547.00 covering \$385.00 for the filing fee; \$65.00 of surcharge; \$97.00 for additional claim fees; and \$55.00 for a one month extension of time, based on a small entity status.

The Commissioner is authorized to credit any overpayment or charge any deficiencies to our Deposit Account No. 06-1448.

Respectfully submitted,

By: 
Lauren T. Knapp, Ph.D., Esq.
Reg. No. 45,605

Patent Group
FOLEY HOAG LLP
155 Seaport Boulevard
Boston, MA 02210
Telephone: (617) 832-1000
Facsimile: (617) 832-7000
Customer ID No. 25181
Dated: December 23, 2003



PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/613,762	
	Filing Date	July 3, 2003	
	First Named Inventor	Leder, Philip	
	Art Unit	1742	
	Examiner Name		
Total Number of Pages in This Submission	7	Attorney Docket Number	HMV-060.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Executed Declarations (2 pages); Check for \$547.00 for Missing Parts Fee; Check for \$55.00 for Extension Fee; and Return Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Lauren T. Knapp
Signature	
Date	December 23, 2003

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Typed or printed name	Guy Marochini		
Signature		Date	December 23, 2003

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